

**APPLICATION DATA SHEET****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: Therapeutic Agents and Methods of Use Thereof For Treating an Amyloidogenic Disease  
Attorney Docket Number:: PPI-105  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 12  
Small Entity?:: Yes  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Malcolm  
Middle Name:: L.  
Family Name:: Gefter  
City of Residence:: Lincoln  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of mailing address:: 46 Baker Bridge Road  
City of mailing address:: Lincoln  
State or Province of mailing address:: Massachusetts

Country of mailing address::	United States of America
Postal or Zip Code of mailing address::	01773
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
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Family Name::	Israel
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
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State or Province of mailing address::	Massachusetts

Country of mailing address:: United States of America  
 Postal or Zip Code of mailing address:: 02176  
  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
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 Given Name:: Michael  
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#### **Correspondence Information**

Correspondence Customer Number:: 000959

#### **Representative Information**

Representative Customer Number::	000959
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#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/253,302	11/27/00
This Application	Non-Provisional of	60/250,198	11/29/00
This Application	Non-Provisional of	60/257,186	12/20/00

## Assignee Information

Assignee name::	Praecis Pharmaceuticals Inc.
Street of mailing address::	830 Winter Street
City of mailing address::	Waltham
State or Province of mailing address::	Massachusetts
Country of mailing address::	United States of America
Postal or Zip Code of mailing Address::	02145-1420